

*Please fill out all of the sections below:*

**Applicant Information**

|  |  |
| --- | --- |
| ***Applicant Name:*** |   |
| ***Address:*** |   |
| ***City, State and Zip Code:*** |   |
| ***Telephone Number:*** |   |
| ***Email Address:*** |   |

|  |  |
| --- | --- |
| ***Date of Application:*** |   |

**Employment Position**

***Position(s) applying for:***

|  |  |
| --- | --- |
| How did you hear about this position? |   |
| On what date can you start working if you are hired? |   |

 **Personal Information**

|  |  |  |
| --- | --- | --- |
| Are you a U.S. citizen or approved to work in the United States? Yes\_\_\_\_\_ No\_\_\_\_ |  |  |
| **What document can you provide as proof of citizenship or legal status?** |  |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |

Do you have a valid driver’s license? Yes\_\_\_\_\_\_ No\_\_\_\_\_

Do you own reliable transportation? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Do you have a bank account to accept direct deposit? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Do you have a working phone cellphone? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

If yes please explain conviction(s) nature of offense(s) & sentence(s) imposed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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|   |
|   |
|   |
|   |
|   |

**Education and Training**

**High School**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |

**College/University**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |
|  |  |  |  |

**Vocational School/Specialized Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location (City, State) | Year Graduated | Degree Earned |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
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|  |  |  |

**References:**

Occupation/Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Previous Employment***

|  |  |
| --- | --- |
| **Employer Name:** |   |
| Job Title: |   |
| Supervisor Name: |   |
| Employer Address: |   |
| City, State and Zip Code: |   |
| Employer Telephone: |   |
| Dates Employed: |   |
| Reason for leaving: |   |

|  |
| --- |
| **Employer Name:** |
| Job Title: |   |
| Supervisor Name: |   |
| Employer Address: |   |
| City, State and Zip Code: |   |
| Employer Telephone: |   |
| Dates Employed: |   |
| Reason for leaving: |   |

|  |  |
| --- | --- |
| **Employer Name:** |   |
| Job Title: |   |
| Supervisor Name: |   |
| Employer Address: |   |
| City, State and Zip Code: |   |
| Employer Telephone: |   |
| Dates Employed: |   |
| Reason for leaving: |   |

***AT-WILL EMPLOYMENT***

The relationship between you and Smoke City is referred to as "employment at will."  This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Smoke City.  No representative of Smoke City has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |   | Dated: |   |